

Exhibit N
Inmate File, Request Slip dated
September 8, 2005

Lee County Detention Center
INMATE REQUEST SLIP

F-2
LOCATION

Name EDWIN DENNIS Date 9-8-05

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I fell and have pulled something
in my shoulder and neck. I can't
move my arm much. I need to
see the nurse and get something
for pain please. Thank you.

Do Not Write Below This Line - For Reply Only

Apply heat to @ shoulder + if no
better will see MD next visit. 09/08/05
D. Bunk ep

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Exhibit O
Inmate File, Notes and Charge Form dated
September 13, 2005

NOTES

SS# 255-61-2351

NAME Dennis, Edwin DOB 11/27/72 AGE 32 SEX M RACE W
 DRUG ALLERGIES Ø TETANUS _____
 NATURE OF PROBLEM OR REQUEST dys. Urinary + shoulder pain

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____

ASSESSMENT:

09/13/05 Lee County Detention Center Edwin Dennis #255612351
 This 32 YOWM has had problems in his left shoulder. He had an injury. He also has had some trouble with urinary retention and discomfort. He said he'd had some problems with his prostate type symptoms before when he was on methamphetamine. He says that is all doing better.
Physical Exam: He is tender on exam especially at the biceps tendon groove. He has full range of motion of both shoulders; usually it is his right shoulder that causes him trouble
Impression: Left biceps tendonitis with trapezius muscle spasm; prostatism.
Plan: It doesn't sound like needs anything for his prostate right now. Naprosyn 500 mg b.i.d. #20 and Flexeril 10 mg q h.s. #7. Recheck if his shoulder is not better. I talked to him about doing some shoulder range of motion exercises each morning to help with the stiffness in his neck and shoulders.

PLAN:

Naprosyn 500 mg b.i.d. #20
 Flexeril 10 mg q h.s. #7

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____
 SIGNATURE [Signature] TITLE MD DATE 9/13/05 TIME 1102
 JOHN H MCFARLAND MD
 AM8104894
 AL11404

D. Burke epn

Report to Sec. MD

LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME Dennis Edwin
DATE OF BIRTH _____ RACE/SEX W/M
SOCIAL SECURITY# _____ CELL F2

SERVICES & FEES

<input type="checkbox"/> SICK CALL	\$10.00
<input checked="" type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION <u>x 2</u>	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ 16.00

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date D Banks epn 09/13/05

Inmate Signature & Date [Signature]

Inmate Account Payable Clerk Signature & Date

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

Exhibit P
Medical File, Other Medical Records

Lee County Detention Center
INMATE REQUEST SLIP

E-6
LOCATION

Name EDWIN DENNIS Date July 28th

☐ Telephone Call ☒ Doctor ☒ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I would like to know what
the results of the x rays and
what is going to be done about
my tooth. I need to see the
dentist.

Do Not Write Below This Line - For Reply Only

this has already been addressed.
on 12/28/01 O. Burke spm

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____



SHERIFF OF LEE COUNTY

JAY JONES



E-mail:
lcso@leecountysheriff.org

P.O. BOX 688
OPELIKA, AL 36803-0688

Phone (334) 749-5651
Fax (334) 749-4835

Correction Specialist Progress Note

Date: 03/15/05

Inmate: Dennis, Edwin

Current Medications & Allergies: NONE

Cell Assignment: F-4

Charges: Manufacturing Controlled Substance

Current GAF: 60

Subjective: Inmate is a 32 YOWM who presents today stating he is experiencing increased anxiety since his incarceration. "I can't sleep and my attitude is deteriorating." Inmate states he has had two anxiety attacks since his incarceration.

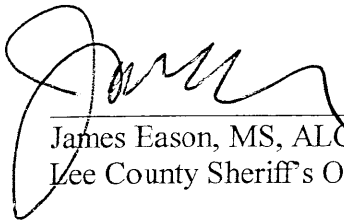
Objective: Inmate is a 32 YOWM who presents with a full/pleasant affect and is alert and oriented to person, place, time, and situation. Inmate's appearance is appropriate and his behavior is cooperative. His manner is suspicious and somewhat guarded. Inmate reports that he can't sleep and needs Prozac to help with this problem. Inmate states he has had two anxiety attacks since his incarceration. He describes his symptoms as chest pain and shortness of breath. Inmate reports no specific antecedents other than being in jail. He reports that he has taken Prozac in the past per Dr. Reddy but is nonspecific as to when he was last assessed by her. Writer contacted East Alabama Mental Health regarding this inmate's case status. Writer was informed that this inmate's case is inactive and he was last assessed per Dr. Reddy on 1/14/03. Inmate states he was released from prison on 11/7/4. However, he has had no follow up with EAMH since his release and his case remains closed. Inmate denies that he is experiencing suicidal/homicidal ideations as well as hallucinations and there was no delusional or paranoid thought content noted during the course of this interview. Inmate also denies any history of suicidal attempts or gestures. Inmate states that he uses methamphetamines on a daily basis and reports that his last usage occurred on 2/22/05 which was the date of his arrest. "I last used meth in the back of the patrol case when they arrested me." Inmate reports that he is frustrated that his family does not visit him since his incarceration.

Assessment:

Appearance: appropriate	Affect/Mood: full/pleasant	Perception: (-) hallucinations
Behavior: cooperative	Orientation: x 4	Intellect: average
Appetite: ok	Memory: intact	Insight/Judgment:
Sleep: poor	Thought Content: (-) SI/HI/PI/DT	Substance Abuse: Meth LU 2/22/5
Speech: WNL	Thought Process: normal	Med Compliance: NA

Plan/Disposition: Inmate is stable at this time with regard to cell assignment and no disciplinary/behavioral problems have been noted. Inmate does not meet SMI (Serious Mental Illness) criteria at this time that would warrant further assessment based on his reported symptomatology. Writer discussed adjustment issues with this inmate such as poor sleep and anxiety

once incarcerated. Writer also discussed with inmate methamphetamine withdrawal symptomatology. However this should not be an issue given the inmate's date of last usage. Writer dispensed reading materials to the inmate pertaining to anxiety and poor sleep. Inmate does not appear to be a danger to himself or others at this time. Writer will also inform the nursing staff regarding this inmate's somatic complaints. Writer will continue to f/u with this inmate as needed.

A handwritten signature in black ink, appearing to read 'James Eason', is written over a horizontal line.

James Eason, MS, ALC, CRC, CVE, Correction Specialist/Mental Health Officer # 43D47
Lee County Sheriff's Office & Detention Center

NOTES

SS# 255-61-2351NAME Dennis, Edwin DOB 11/12/72 AGE 32 SEX M RACE WDRUG ALLERGIES NICHA TETANUS NATURE OF PROBLEM OR REQUEST chest pain? / anxiety attacks

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJ 04/12/05 Lee County Detention Center Edwin Dennis #255612351
 ASS This 32 YOWM had an anxiety attack after finding out in court that he wasn't going to be able to have bond. He is looking at fifteen years. He has had previous anxiety attacks. He has chest pain and hyperventilation with it. He doesn't have any pain now. It has been a couple of days now.

Physical Exam: Alert, no distress. HEART: Regular without murmur, rub, or gallop. LUNGS: Clear; no respiratory distress. NEURO: No focal deficits; normal gait observed.
Impression: Anxiety attack.

Plan: We will have him speak with Mental Health Office for further evaluation and recommendations. He said it is not as bad as the first one when he thought he was dying. He knows what it is. He will probably need no further treatment.

PLAN:

MA *all over*

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTALSIGNATURE [Signature] TITLE MA DATE 4-12-05 TIME 0849

Lee County Detention Center
INMATE REQUEST SLIP

E-6
LOCATION

Name EDWIN DENNIS Date July 26th

☐ Telephone Call ☒ Doctor ☒ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I was in a fight on the 24th
and need to see the doctor very
badly. I'm in a lot of pain. I was
told I would be put on the list for
Tuesday but was not taken to see
him.

Do Not Write Below This Line - For Reply Only

You were told you would see the
doctor & you will when he comes.
Quit wasting our time & request slips
or take D. Bull up

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
 Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

E-6
LOCATION

Name EDWIN DENNIS Date NOV 18th

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Need to see the nurse about
a large knot on the side
of my back.

Do Not Write Below This Line - For Reply Only

11/19/05 Bail US\$ Start
after pretrial Starts
Bail on Rt Check Sign Small
49, Habeas Corp given see
m. The. per m. pretrial
Chavez

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff
Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

2
LOCATION

Name EDWIN DENNIS

Date Sept 4th

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☒ Other

Briefly Outline Your Request. Give To Jailer

I was charge for going to the dentist
and having my tooth pulled. my tooth got
knock'd loose in the last fight - got
in and was pull'd because of that. It
was a follow up and I was not
supposed to be charg'd at all.

Do Not Write Below This Line - For Reply Only

09/26/05 You Need TO
Write Admin. about these
Charges

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Cen
INMATE REQUEST SLIP

E-5
LOCATION

Name EDWIN DENNIS Date July 18th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I have a head ache for two
days. Can I please get some
asprin or something for it.

Do Not Write Below This Line - For Reply Only

Two tylenol given 07/19/05 D. Bunko and

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

ALABAMA / MISSISSIPPI
1-800-845-8183**SOUTHERN RADIOLOGY
SERVICES, LLC**

Please Indicate Patient Status:

☐ Medicare Part A Patient (Skilled)
☐ 3rd Party (Non-Skilled)
☐ VA Patient
☐ Employee

PLEASE PRINT

PATIENT: <u>Denise, Edwin</u>		RESPONSIBLE PARTY INFORMATION (MUST BE COMPLETED FOR ALL PATIENTS)	
DOB: <u>11/27/78</u>	SEX: <u>M</u> F	ROOM #:	NAME:
FACILITY: <u>Lee County Sheriff</u>	CODE:	ADDRESS: <u>LEE COUNTY SHERIFF</u>	PHONE #: ()
PHONE: <u>LEE COUNTY SHERIFF</u>		CITY: <u>2311 GATEWAY DRIVE</u>	STATE: <u>AL</u> ZIP: <u>36803</u>
SS#: <u>2311 GATEWAY DRIVE</u>		PATIENT SIGNATURE: _____	
MEDICARE #: _____	CODE:	Patient's or Authorized Person's Signature. I authorized the release of any medical or other information necessary to process this claim. I request payment of government/insurance benefits be made to the provider performing services.	
MEDICAID #: _____	CODE:		
INSURANCE: _____	CODE:		
INSURANCE #: _____	PRE CERTIFICATION #	<input type="checkbox"/> Patient Unable to Sign	

EXAMS REQUESTED: Please Mark Each Clearly
X-RAY EXAMS

74000	Abdomen, 1 View	73520	Hip, Min 2 Views w/pelvis	L R	73590	Tibia/Fibula, 2 Views	L R	
73600	Ankle, 2 Views (AP 7 LAT)	L R	73510	Hip, Comp Min 2 Views	L R	73100	Wrist, 2 Views	L R
73610	Ankle, Comp Min 3 Views	L R	73060	Humerus, Min 2 Views	L R	73110	Wrist, Min 3 Views	L R
73650	Calcaneus (Heel), 2 Views	L R	73560	Knee, 2 Views	L R	<input checked="" type="checkbox"/>	OTHER	
71010	Chest, 1 View (AP)		73562	Knee, 3 Views (inc OBLQ)	L R		OTHER EXAMS	L R
			70160	Nasal Bones, Comp Min 3 Views			<i>Mandible</i>	
71111	Chest With Ribs, 4 Views		72170	Pelvis, 1 Views				
73000	Clavicle, Complete	L R	71100	Ribs, 2 Views	L R	93000	EKG Pacemaker:	Y N
73070	ELbow, 2 Views	L R	72220	Sacrum/Coccyx, Min 2 Views		95819	EEG	
73080	Elbow, Comp 3 Views	L R	73030	Shoulder, Min 2 Views	L R			
73550	Femur, 2 Views	L R	70210	Sinuses, Less Than 3 Views				
73620	Foot, 2 Views	L R						
73630	Foot, Comp Min 3 Views	L R	70250	Skull, Less Than 4 Views				
73090	Forearm, 2 Views	L R	72040	Spine, Cervical 2 Views				
73120	Hand, 2 Views	L R	72100	Spine, Lumbosacral 2 Views				
73130	Hand, Min 3 Views	L R	72070	Spine, Thoracic 2 Views				

DIAGNOSIS/SYMPTOM(S): Please Mark ALL that apply

787.3	Abdomen Distention (Flatulence)	496	COPD, Chronic Obstructive Pulm. Dis.	560.9	Obstruction, Intestinal
787.5	Abnormal Bowel Sounds	786.2	Coughing		Pain in
413.0	Angina		Dislocation of	485	Pneumonia, Confirmed
	Arthritis of	780.4	Dizziness	514	Pneumonia, Probable
429.2	ASCVD, Arteriosclerotic cardiovas. Dis.	787.2	Dysphagia (Difficulty Swallowing)	795.5	Positive Mantoux, PPD
427.31	Atrial Fibrillation	782.3	Edema (Swelling)	518.4	Pulmonary Edema, NOS
507.0	Aspiration	492.0	Emphysema	515	Pulmonary Fibrosis
427.89	Bradycardia	780.6	Febrile (Feverish)	786.7	Rales in Chest
	Bruise of	<input checked="" type="checkbox"/>	Possible Fracture of	786.09	Shortness of Breath
466.0	Bronchitis, NOS	560.39	Impaction	780.2	Syncope & Collapse
	Carcinoma of	518.3	Infiltrate, Lung	785.0	Tachycardia
429.3	Cardiomegaly	410.92	Myocardial Infarction	011.90	Tuberculosis
786.50	Chest Pain, Unspecified	787.01	Nausea and Vomiting	519.8	URI (Chronic)
514	Congestion, Chest				OTHER
428.0	Congestive Heart Failure				

PHYSICIAN'S SIGNATURE: _____	NURSE'S SIGNATURE: _____	X-RAY #	TECH: <u>KS1</u>
ORDERING PHYSICIAN: <u>Dr. [Signature]</u>	CODE	DATE: <u>12/16/05</u>	# VIEWS: <u>4</u>
PHONE #: <u>(256) 727-3571</u>	ARRIVE TIME: <u>1:00</u>	Q0092 # <u>1</u>	
RADIOLOGIST: _____	FAX: <u>(256) 727-3574</u>	DEPART TIME: _____	# PTS SEEN <u>13</u>
PRELIMINARY REPORT:			

LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME EDWIN DENNIS
DATE OF BIRTH 11 27 72 RACE/SEX WHITE
SOCIAL SECURITY# 255-61-2351 CELL F-4

SERVICES & FEES

<input type="checkbox"/> SICK CALL	\$10.00
<input checked="" type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input type="checkbox"/> PRESCRIPTION	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES
RENDERED

\$10⁰⁰

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date [Signature]

Inmate Signature & Date [Signature]

Inmate Account Payable Clerk Signature & Date

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

Lee County Detention Center
INMATE REQUEST SLIP

F-4
LOCATION

Name EDWIN DENNIS Date June 6th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I have a cold sore on my
lip and need something to put on
it please.

Do Not Write Below This Line - For Reply Only

Oralaid given Outback D. Bunk Jr

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME MR EDWIN DEE DENNIS
DATE OF BIRTH 11-27-72 RACE/SEX M
SOCIAL SECURITY# 253-11-2351 CELL F-4

SERVICES & FEES

<input checked="" type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input type="checkbox"/> PRESCRIPTION	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ 10.00

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date D. Burke Apr 04/06/05

Inmate Signature & Date Edwin Dennis April 6 05

Inmate Account Payable Clerk Signature & Date

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

Lee County Detention Center
INMATE REQUEST SLIP

Name EDWIN DENNIS Date April 27 ^{F-4}
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I need to see nurse about
some sore's I have in me
mouth.

Do Not Write Below This Line - For Reply Only

04/28/05 That's cankers
in your mouth. Orage
gum, yellow & if
Needs

Nurse Stewey

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff
Date _____ Time Received _____

CORRECTION OFFICER _____

LEE COUNTY DETENTION CENTE MEDICAL CHARGE FORM (FORM #33)

INMATE NAME EDWIN DENNISDATE OF BIRTH 11-27-79 RACE/SEX W/MSOCIAL SECURITY# 255-64-2351 CELL E-1

SERVICES & FEES

<input type="checkbox"/> SICK CALL	\$10.00
<input checked="" type="checkbox"/> DOCTOR VISIT	\$10.00
<input type="checkbox"/> DENTIST VISIT	\$10.00
<input type="checkbox"/> PRESCRIPTION	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ 10.00

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date D. Bunk Apr 09/2005Inmate Signature & Date Edwin P. Dennis 7-1-05

Inmate Account Payable Clerk Signature & Date

☐ PLEASE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.☐ PLEASE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

Lee County Detention Center
INMATE REQUEST SLIP

F-4
LOCATION

Name EDWIN DENNIS Date Oct 4

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I need some motrin please. It's
in my medical Rite that I should
be given some upon request for
my arthritis pains and stuff. Thank
you.

Do Not Write Below This Line - For Reply Only

You saw the doctor today & he ordered
you something for your nose. You did
not discuss arthritis with him. Like every
body else you can only get something
every once in a while. No exceptions.
10/4/05 D. Bunko Jr

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

NOTES

SS# 255-61-2351

NAME Dennis, Edwin DOB 11/27/72 AGE 32 SEX M RACE W
 DRUG ALLERGIES φ TETANUS _____
 NATURE OF PROBLEM OR REQUEST Swollen red nose & sore on side
red Rt eye

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENT

10/04/05 Lee County Detention Center Edwin Dennis 255612351
 This 32 YOWM has had red swollen right side of his nose for four days. He was able to pop something. It is not red as it was. He has a place on his left forearm that is also red and tender. He feels like he has a swollen lymph gland in the front of his left ear.
Physical Exam: Alert, no distress. HEENT: He has a very tender and inflamed nose more on the right side than on the left. There is no significant lymphadenopathy although I can feel the small preauricular node on the right. TM's and ear canals are clear. Mouth and throat are clear. Nontender sinuses. The styte in his right upper nasal eyelid area apparently is much better than few days ago when the nurse advised warm compresses. NECK: Supple without significant adenopathy. HEART: Regular. LUNGS: Clear. BACK: He shows me that he is still a little sore and tender in muscles of the left low back where he slipped in the shower. He says his shoulder also hurts. EXTREMITIES: He has a small area of Staph cellulitis on his left forearm. He has a number of scars from previous infections or trauma.

Impression: Probable Staph cellulitis of the nose.**Plan:** Local care. Doxycycline 100 mg b.i.d. #14. Recheck in a week if not better.

H

Doxycycline 100 B.i.d. #14
red nose
lymph node

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____
 SIGNATURE [Signature] TITLE MD DATE 10/4/05 TIME 0930
 JOHN H MCFARLAND MD
 AM8104894
 AL11404

NOTES

SS# 255-61-2351

NAME Dennis, Edwin DOB 11/27/72 AGE 32 SEX M RACE W

DRUG ALLERGIES 9 TETANUS

NATURE OF PROBLEM OR REQUEST Follow-up per M.

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP P R T

ASSESSMENT:

10/12/05 Lee County Detention Center Edwin Dennis #255612351
 This 32 YOWM has finished a week of Doxycycline.
Physical Exam: His nasal cellulitis has resolved. The place on his left forearm is also better. He says his styte is better as well.
Impression: Resolved cellulitis - nose and arm.
Plan: Recheck as needed for recurrences. Continue with hygiene.

PA/PHYSICIAN

MENTAL HEALTH

DENTAL

TITLE MD

DATE 10-12-05

TIME 0906

HN H MCFARLAND MD
 AMB 104894
 AL 11404

Lee County Detention Center
INMATE REQUEST SLIP

F-4
LOCATION

Name EDWIN DENNIS Date Oct 23rd 05

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I have a very Bad Headache
and my shoulder hurts. Could I
please get something for pain
Thank you

Do Not Write Below This Line - For Reply Only

met with two given 10/23/05 D. Burke Jr

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

F-4
LOCATION

Name EDWIN DENNIS Date Oct 24th 05

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I have had a headache for two
 days and have written one request to
 see the nurse or get something for
 pain. My shoulder is also hurting. Sign
 me up to see the doctor since he
 must be the only one who can hand
 out aspirin. I need to be prescribed something
 I guess on a permanent basis.

Do Not Write Below This Line - For Reply Only

already addressed. 10/24/05
 D. Blunk Qpm

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

NOTES

SS# 255-61-2351

NAME Dennis, Edwin DOB 11/27/22 AGE 32 SEX M RACE W
DRUG ALLERGIES q TETANUS _____
NATURE OF PROBLEM OR REQUEST NO Chronic HIA's

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____

ASSESSMENT:

H:

TO: PA/PHYSICIAN MENTAL HEALTH DENTAL
FROM JOHN H McFARLAND MD TITLE NP DATE 10/27/05 TIME 1128
AM8104894
AL11404

NOTES

SS# 255-61-2351

NAME Dennis, Edwin DOB 11/27/72 AGE 32 SEX M RACE W

DRUG ALLERGIES Ø TETANUS

NATURE OF PROBLEM OR REQUEST Bele USS 5th St Clark

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

1804

SUBJECTIVE:

OBJECTIVE: BP P R T

ASSESSMENT:

PLAN:

Sent to SS to complete 124

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL

SIGNATURE TITLE NS DATE 1-22-05 TIME 0752

JOHN H MCFARLAND MD
AM8104894
AL 11404

LEE COUNTY DETENTION CENTER MEDICAL CHARGE FORM (FORM #33)

INMATE NAME Dennis Edwin

DATE OF BIRTH _____ RACE/SEX W/M

SOCIAL SECURITY# _____ CELL F 2

SERVICES & FEES

<input type="checkbox"/> SICK CALL	\$10.00
<input type="checkbox"/> DOCTOR VISIT	\$10.00
<input checked="" type="checkbox"/> DENTIST VISIT	\$10.00
<input checked="" type="checkbox"/> PRESCRIPTION	\$3.00
<input type="checkbox"/> FOLLOW-UP VISIT	N/A

TOTAL OF MEDICAL SERVICES RENDERED \$ 13.00

MEDICAL VERIFICATION SECTION

Authorized Nursing Staff Signature & Date D. Burt Don Orlabor

Inmate Signature & Date _____

Inmate Account Payable Clerk Signature & Date

Jab

SE CHECK IF INMATE IS INDIGENT TO PAY THE ABOVE CHARGES.

SE CHECK IF INMATE IS ABLE TO PAY THE ABOVE CHARGES.

Lee County Detention Cent
INMATE REQUEST SLIP

Trust
LOCATION

Name ELMER LEWIS Date Aug 20th

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I have a knot on the side of my face. I need to see nurse please.

Do Not Write Below This Line - For Reply Only

*08/19/05 Have Good Sign
 great bail fine on Lt
 Check also on Lt with
 system DS x 5 days if
 not see me*

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

F-2
LOCATION

Name EDWIN DENNIS Date August 21st

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I have a bad headache and
would like to see if I could
get some Tylenol for it please

Do Not Write Below This Line - For Reply Only

given 28/21/05 D. Bullock

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

10437
LOCATION

Name EDWIN DENNIS Date Aug 31st

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I am Having trouble urinating
and my kidneys hurt some times
need to see Nurse / doctor.

Do Not Write Below This Line - For Reply Only

U/A neg. Will see md for prostate
prostate exam. ophthol B. Burk

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____